27123

\*\*CUSTOMER NUMBER\*\*

Confirmation No.: 4734

Date of Notice of Allowance: January 30, 2007

Serial No.: 10/049,608

Attorney Docket No.: 3828-4000US2

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Cohava Gelber Group Art Unit: 1643

Serial No.: 10/049,608

Examiner: Stephen L. Rawlings

Filed: September 16, 2002

Customer No.: 27123

For: OVARIAN CANCER CELL AND MYELOMA CELL SURFACE

GLYCOPROTEINS, ANTIBODIES THERETO, AND USES THEREOF

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## ISSUE FEE TRANSMITTAL LETTER

Sir:

In response to the Notice of Allowability mailed January 30, 2007, Applicants submit herewith the Issue Fee Transmittal Form. The Commissioner is hereby authorized to charge (\$712.00) to cover the Issue Fee Due (\$700) and an advance order of 4 copies of the patent (\$12.00) to Deposit Account No. <u>13-4500</u>, Order No. 3828-4000US2.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over payment, to Deposit Account No. <u>13-4500</u>, Order No. <u>3828-4000US2</u>.

By:

Respectfully submitted,

MORGAN & FINNEGAN, L.L.P.

Dated: April 30, 2007

Dorothy R. Auth

Registration No. 36,434

<u>Correspondence Address</u>:

Address Associated With Customer Number:

27123

(212) 415-8700 Telephone

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appropriate. All further indicated unless correct maintenance fee notifica	correspondence includi- ed below or directed of tions.	for transmitting the ISSI ng the Patent, advance of herwise in Block 1, by (i	JE FEE and PUBLICAT rders and notification of a) specifying a new corre	TON FEE (if requi maintenance fees w spondence address;	red). E vill be i and/or	mailed to the current (b) indicating a sepa	nould be completed w correspondence addres rate "FEE ADDRESS"	here s as for		
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	FINNEGAN, L.L. ANCIAL CENTER	p. P.		Certificate of Malling or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
							(Depositor's na	me)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<b>t</b>	ATTO	NEY DOCKET NO.	CONFIRMATION NO.			
10/049,608 09/16/2002 Cohava Gelber 3823-4000US2 4734 TITLE OF INVENTION: OVARIAN CANCER CELL AND MYELOMA CELL SURFACE GLYCOPROTEINS, ANTIBODIES THERETO, AND USES THEREOF										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$700	\$0	\$0		\$700	04/30/2007			
EXAM	INER	ART UNIT	CLASS-SUBCLASS							
RAWLINGS,	STEPHEN L	1643	435-007230							
1. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/Si  "Fcc Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address' 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE	ified below, no assignee oletion of this form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	atent. If an assigno assignment. and STATE OR C	OUNTI		cument has been filed	for		
MOLECULAR DISCOVERIES, INC. NEW YORK, NEW YORK										
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Co	rporatio	on or other private gro	up entity Governm	ent		
fa. The following fee(s):  ☐ Issue Fee ☐ Publication Fee (N ☐ Advance Order - #	o small entity discount p		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500 (enclose an extra copy of this form).							
	tus (from status indicated s SMALL ENTITY statu	(Order No. 3823-4000US2).  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and	d Publication Fee (if rem		from anyone other than t					/ in		
Authorized Signature	Doubly R.	Ail	Date April 30, 2007							
Typed or printed name	Dorothy R Au	íth	Registration No. 36,434							
his form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ons for reducing this bur irginia 22313-1450. DO 13-1450.	den, should be sent to the NOT SEND FEES OR (	on is required to obtain or r 1.14. This collection is est depending upon the indi- indicated information office COMPLETED FORMS TO spond to a collection of inf	or, U.S. Patent and The Third ADDRESS	mments Frademi SEND	on the amount of times of the ark Office, U.S. Depart TO: Commissioner for	e you require to completment of Commerce, Por Patents, P.O. Box 14	ss) ind ete .O. 50,		
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27123	7590 01/30	0/2007	have	its own certificate o	of mailing or transmission.				
	FINNEGAN, L.L. ANCIAL CENTER IY 10281-2101		I her State addr trans	Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
				(Depositor's name)					
				(Signature)					
						(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	17	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/049,608	09/16/2002		Cohava Gelber		3823-4000US2	4734			
TITLE OF INVENTION THEREOF	N: OVARIAN CANCER	CELL AND MYELOM	A CELL SURFACE GLY	COPROTEINS, AN	TIBODIES THERETO, AI	√D USES			
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EXAM	IINER	ART UNIT	CLASS-SUBCLASS						
RAWLINGS,	STEPHEN L	1643	435-007230	•					
CFR 1.363).	ence address or indicatio ondence address (or Cha B/122) attached.	•	2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
	ication (or "Fee Address") 2 or more recent) attach		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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PLEASE NOTE: Uni recordation as set fort	less an assignee is identi h in 37 CFR 3.11. Comp		data will appear on the pa T a substitute for filing an a	itent. If an assignce assignment.		ocument has been filed for			
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY	and STATE OR CO	UNTRY)				
MOLECULAR DISCOVERIES, INC. NEW YORK, NEW YORK									
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Corp	poration or other private gro	oup entity Government			
fa. The following fee(s):	lo small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500 (enclose an extra copy of this form).						
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nterest as shown by the	records of the United Sta	tes Patent and Trademark	office.	e applicant; a registe	ered attorney or agent; or th	c assignee or other party in			
Authorized Signature	Dorothyk	All	Date April 30, 2007						
Typed or printed name	Dorothy R\ Au	ith	Registration No. 36,434						
his form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ons for reducing this bur irginia 22313-1450. DO 13-1450.	den, should be sent to the NOT SEND FEES OR (	on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- ecomplete Information Officer COMPLETED FORMS TO spond to a collection of info	dual case. Any comi , U.S. Patent and Tr THIS ADDRESS. S	ments on the amount of tin ademark Office, U.S. Depa SEND TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rutnent of Commerce, P.O. for Patents, P.O. Box 1450,			
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